

Motor Vehicle Body Prepper

TRADE EXPERIENCE VERIFICATION FORM

Date: _____
Employer: _____
Address: _____

Postal Code _____
Phone: _____ Fax: _____
Email: _____

This is to verify that _____ has worked as an
Motor Vehicle Body Prepper trade from (month/year) _____ to (month/year)
_____ for a total of _____ hours spending the following percentage of the time at
the tasks below:

Installation and Removal of Trim	_____ %
Component removal and Installation	_____ %
Surface Preparation and Stripping	_____ %
Application of Fillers	_____ %
Masking	_____ %
Applying undercoating and corrosion protection	_____ %
Detailing, Buffing and Polishing	_____ %
Service, test and diagnose batteries	_____ %
Shop Tool Maintenance	_____ %
Other (Please specify):	_____ %
_____	_____ %
Total	100 %

Please indicate the type of equipment and the type of work this person was involved with
during this time period: _____

(If more space is required, please continue on reverse side.)

Print name of Company Representative

Position of Company Representative

Signature of Company Representative

Date

Signature of Employee

Date